

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039787

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5823

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 54 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 2447 BALES AVENUE	
3. NAME OF DECEASED (Type or print) First IYA Middle ALMA Last BOLIN		4. DATE OF DEATH Month OCTOBER Day 25 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/15/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (City and state or country) SALEM, MISSOURI	
10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALBERT PARTLOW		13b. MOTHER'S MAIDEN NAME HATTIE HICKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -----	
17. INFORMANT MRS. HAROLD GREEN		Address 2447 BALES AVENUE KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral bronchial pneumonia 1 yr. DUE TO (c) Generalized lymphoma 3 yrs.		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:10 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION KANSAS CITY	
20g. COUNTY MISSOURI		20h. STATE MISSOURI	
21. I attended the deceased from Sept 1962 to Oct 25/63 and last saw her alive on Oct 24/63 Death occurred at 5:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE L. Spafford M.D.	
22b. ADDRESS 315 Nichols Rd Kansas City, Mo.		22c. DATE SIGNED 10/25/63	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE OCT. 28, 1963	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS, K.C. MO.		25. DATE RECD. BY LOCAL REG. 10-28-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

DOCUMENT

BY AFFIDAVIT OF L. Spafford MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

725.080-604

18. Allen T. Highland 101-0444
226 Plaza Mutual Bldg. 315 Mich. Blvd
Troy, Conn. 06064

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address 76 Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.